



***Los Angeles County
Board of Supervisors
Social Program Agreement Report
Discretionary Funds***

Date: _____ **Contract No:** _____

Name of Organization: _____

Grant Amount: \$ _____

Supporting Program/Project: _____

Project Directors Name: _____

Describe the results of the project/program and expenditures (Please include supporting documents and/or invoices):

Project Director Signature _____

Date _____

(Please return this form to the Los Angeles County Board of Supervisors, 500 W. Temple Street, Rm. 383, Los Angeles, CA 90012, ATTN: SPA Reports, or email lacountygrants@bos.lacounty.gov within 60 days of project completion.)